State of California Department of Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE
1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229
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www.dca.ca.gov/bpm

WAIVER APPLICATION

Please type or print clearly.

Name: _____
Last First Middle

Address: _____

_____
City State Zip

Phone Number: (_____)_____ **Date of Birth**: _____

License Number: _____

Waiver Type (check all that apply):	**TEMPORARY**	**PERMANENT**
CME	☐	☐
CPR	☐	☐
CONTINUING COMPETENCE	☐	☐

Please check the category which most appropriately indicates the reason why you are requesting a waiver.

☐ **Retirement**: When requesting a waiver due to retirement, please indicate the number of patient visits you anticipate for the current license period (_____). Note: Any licensee so exempted by reason of retirement may not routinely engage in the practice of podiatric medicine and his/her podiatric medical practice shall be restricted as follows:

1. Any examining, treating and prescribing is limited to 20 patients annually.

2. Prescribing only Schedule IV and V controlled substances unless otherwise authorized by the board to prescribe from other schedules; the licensee's Drug Enforcement Administration (DEA) certificate shall reflect those restrictions.

3. Irrespective of age, any income derived from the practice of podiatric medicine shall not exceed the net annual income allowed for recipients of social security benefits.

(over)

☐ **Health**: Your attending physician must complete and sign the appropriate information requested in the space below by documenting the illness or disability that prevents you from completing the requirements. Use additional paper if needed.

Describe Illness/Disability: _____

_____

Diagnosis and estimated length of disability: _____

_____

_____ _____
Name of attending physician (print) License Number

_____ (_____)_____
Phone Number

_____
Address

_____
Signature of Attending Physician/Date

☐ **Military Service**: When requesting a waiver due to military service, verification of service must be attached.

☐ **Undue Hardship**: Explain and attach verifying documentation as appropriate.

-CERTIFICATION-

"I declare under penalty of perjury under the laws of the State of California that the foregoing information contained in this application and my attachments are true and correct to the best of my knowledge."

_____ _____
SIGNATURE DATE

(Revised 6/99)